

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

AFFIDAVIT REGARDING SUPERVISED EXPERIENCE FOR SUBSTANCE ABUSE SPECIALTY AUTHORIZATION

(To be completed by supervisor only)

APPLICANT: Complete this section and forward to your supervisor.

Profession: (check a box) ☐ MFT ☐ PC ☐ SW ☐ APSW ☐ LCSW ☐ ISW

Last **First Name** **MI** **Former / Maiden Name(s)**

/ /

Applicant Signature **Date**

SUPERVISOR: Complete section below and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredsubstanceabuse@wisconsin.gov.

Supervisor's Name:

Supervisor's Credential Number: -

Profession Supervisor is Credentialed:

Name of Agency where work experience was gained:

Address of Agency where supervised experience was gained: (city,state,zip)

Beginning and Ending dates of this supervised professional substance abuse counseling experience:

From: / / To: / /

I am a supervisor qualified as defined by Wis. Admin. Code § MPSW 1.09(4) and I am knowledgeable in psychopharmacology and addiction treatment.

☐ **Master's Degree Applicant**
I have supervised the above applicant, who holds a Master Degree, for at least 200 hours of face-to-face client counseling experience with individuals diagnosed with substance use disorders.

☐ **Bachelor's Degree Applicant**
I have supervised the above applicant, who holds a Bachelor Degree, for at least 1000 hours of face-to-face client counseling experience with individuals diagnosed with substance use disorders.

I swear that the foregoing information is true and accurate.

/ /

Signature **Date**